

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90008 048 \*\*\*150.00

AV 601.5230

**DOCUMENT # F38946**  
 1. Entity Name  
**KERRY B. POLAN, P.A.**

Principal Place of Business <b>2020 NE 163RD ST. #300 N. MIAMI BEACH FL 33162</b>	Mailing Address <b>2020 NE 163RD ST. #300 N. MIAMI BEACH FL 33162</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2117186</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  
**1 POLAN, KERRY B.  
 2020 NE 163RD ST. #300  
 N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST POLAN, KERRY B. 2020 NE 163 ST., #300 N. MIAMI BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kerry B. Polan **SIGNATURE REQUIRED**  
 DATE: 1/7/02 DAYTIME PHONE #: 305-944-1993

CR2E034 (9/01)